

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	A		B	
	AS FILED		AFTER 1st AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2		1		1
3		1		1
4		1		1
5		1		1
6		1		1
7		1		1
8	1		1	
9		1		1
10	1		1	
11		1		1
12		①		①
13	1		1	
14	1		1	
15		①		①
16		①		①
17	1		1	
18		1		1
19		1		1
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21		1		1
22		1		1
23		1		1
24	1		1	
25		1		1
26	1		1	
27		1		1
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30	1		1	
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37		1		1
38		1		1
39	1		1	
40		1		1
41		1		1
42		1		1
43		1		1
44		1		1
45				1
46				1
47				
48				
49				
50				
TOTAL IND.	12		12	
TOTAL DEP.	32		32	
TOTAL	44		44	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						